STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155254	A. BUILDING 00 B. WING	05/12/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUGAR CREEK REHABILITATION CONVALESCENT CENTER	5430 WEST U.S. 40 GREENFIELD, IN46140

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F0000	This visit was for the Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00090390. Complaint IN00090390 - Unsubstantiated due to lack of evidence. Survey dates: May 9, 10, 11, and 12, 2011 Facility number: 000157 Provider number: 155254 AIM number: 100274720 Survey Team: Barbara Gray, RN TC Sharon Lasher, RN Angel Tomlinson, RN Karina Gates, Generalist Surveyor Leslie Parrett, RN (May 12, 2011) Census bed type: SNF/NF: 47 Total: 47 Census payor type: Medicare: 3 Medicaid: 39 Other: 5 Total: 47	F0000	**This plan of correction is to serve as Sugar Creek Rehabilitation Convalescent Center's credible allegation of compliance. We are in full compliance as of 05/27/2011 and respectfully request paper review.** **Submission of this plan of correction does not constitute an admission by Sugar Creek Rehabilitation Convalescent Center's or it's management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.**	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	Sample: 13 Supplemental sample: 1 These deficiencies reflect state findings cited in accordance with 410 IAC 16.2. Quality review completed on May 17, 2011 by Bev Faulkner, RN			
F0282 SS=D	The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on observation, interview and record review, the facility failed to follow a Physician's order for Med Pass for 1 of 13 residents in the sample of 13 reviewed for following physician orders. (Resident # 35). Findings include: On 5/10/11 at 8:12 A.M., Resident #35 was observed receiving medications with approximately 8 ounces of water from LPN #7. Resident #35 was seated in the dining room. Resident #35 was able to	F0282	**F282 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS PER CARE PLAN** It is the practice ofSugar Creek Rehabilitation Convalescent Center to provide services by qualified persons in accordance with each resident's written plan of care. I. Resident #35 is receiving the Med Pass nutritional supplement as ordered. LPN #7 was re-educated during the survey regarding the importance of providing supplements as ordered by the attending physician.	05/27/2011

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	take the medications and water independently when handed to her. On 5/10/11 at 9:20 A.M., Resident #35 was observed receiving eye drop medication from LPN #7. Resident #35 tolerated the administration well. During both observations, Resident #35 responded to LPN #7 appropriately with clear speech. Resident #35's record was reviewed on 5/11/11 at 2:00 P.M. Diagnoses included but were not limited to dementia, weakness and chronic renal insufficiency. Resident #35's quarterly Minimum Data Set assessment, dated 3/11/11, indicated the following: Resident #35 made herself understood and had the ability to understand others. Resident #35 required limited assistance of 1 person for bed mobility, transfer, to walk in her room, and toileting. Resident #35 required supervision with setup help only for eating. Reconciliation of the medication pass was completed on 5/10/11 at 1:45 P.M. Physician's orders for Resident #35 indicated the following: 4/12/11 at no time specified - Give 1 can of Nepro (or similar "renal friendly" supplement) B.I.D. (2 times a day) for weight loss. 4/15/11 at 3:00 P.M. - Give 90 milliliters (ml) of Med Pass (supplement) T.I.D. (3		II. Residents receiving physician ordered supplements have been reviewed to ensure that the supplement is being offered and documented in amount consumed. III. During survey a new policy was formulated regarding supplement administration and documentation. This was provided to the surveyors. Licensed nurses were educated on this new policy. Residents with physician orders for specific supplements will be provided those supplements by the licensed nurse who will document administration and amount consumed on the resident's medication administration record (MAR). IV. The DON or her designee is conducting quality improvement audits to ensure that physician ordered supplements are provided as ordered. A random sample of 5 residents are being reviewed weekly for 30 days; then monthly for 6 months. This audit includes a visual observation to see that the resident was administered the supplement and that the supplement was documented accurately. The interdisciplinary nutrition at risk (NAR) committee will assist in monitoring during weekly NAR meetings. Results of all audits will be provided to the facility's	

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	times a day). An interview with LPN #7 on 5/10/11 at 1:50 P.M., indicated Resident #35 received her physician ordered Nepro approximately 10:00 A.M., so it would not be so close to her breakfast. LPN #7 indicated Resident #35 drank 100 percent of the Nepro. LPN #7 indicated she did not offer Resident #35 her physician ordered Med Pass because the resident didn't like the taste and wouldn't drink it. LPN #7 indicated the Med Pass supplement was ordered by the physician because Resident #35 had a weight loss "last month". LPN #7 indicated Resident #35 also received supplement 206 orange juice at breakfast. LPN #7 indicated she was going to see if she could get the Med Pass discontinued. 3.1-35(g)(2)		Quality Assurance Committee monthly for additional recommendations if necessary.	

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F0514 SS=D	The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. Based on observation, interview and record review, the facility failed to accurately document Med Pass for 1 of 13 residents in the sample of 13 reviewed for accurate and complete documentation. (Resident # 35). Findings include: On 5/10/11 at 8:12 A.M., Resident #35 was observed receiving medications with approximately 8 ounces of water from LPN #7. Resident #35 was seated in the dining room. Resident #35 was able to take the medications and water independently when handed to her. Resident #35's record was reviewed on 5/11/11 at 2:00 P.M. Diagnoses included but were not limited to dementia, weakness and chronic renal insufficiency. Resident #35's quarterly Minimum Data Set assessment, dated 3/11/11, indicated	F0514	**F514 483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ ACCESSIBLE** It is the practice of Sugar Creek Rehabilitation Convalescent Center to maintain each resident' s clinical record in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. I. Resident #35 is receiving the Med Pass nutritional supplement as ordered. LPN #7 was re-educated during the survey regarding the importance of providing supplements as ordered by the attending physician. II. Residents receiving physician ordered supplements have been reviewed to ensure that the supplement is being offered and documented in amount consumed. III. During survey a new policy	05/27/2011

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	the following: Resident #35 made herself understood and had the ability to understand others. Physician's orders for Resident #35 on 4/15/11 at 3:00 P.M., indicated the following: Give 90 milliliters (ml) of Med Pass T.I.D. (3 times a day). Reconciliation of the medication pass was completed on 5/10/11 at 1:45 P.M. An interview with LPN #7 on 5/10/11 at 1:50 P.M., indicated she did not offer Resident #35 her physician ordered Med Pass because Resident #35 didn't like the taste and wouldn't drink it. LPN #7 indicated the Med Pass supplement was ordered by the physician because the resident had a weight loss "last month". A Medication and Treatment Record for Resident #35 indicated she drank 100% of her Med Pass on 5/10/11 at 9:00 A.M. An interview with LPN #7 on 5/10/11 at 1:50 P.M., indicated she had documented Resident #35 drank 100% of her Med Pass on 5/10/11 at 9:00 A.M. . A physician's order for Resident #35, dated 5/10/11 at 1:50 P.M., indicated the following: Discontinue Med Pass 90 milliliters with meals. Call placed to the Nurse Practitioner. Order received to discontinue Med Pass.		was formulated regarding supplement administration and documentation. This was provided to the surveyors. Licensed nurses were educated on this new policy. Residents with physician orders for specific supplements will be provided those supplements by the licensed nurse who will document administration and amount consumed on the resident's medication administration record (MAR). IV. The DON or her designee is conducting quality improvement audits to ensure that physician ordered supplements are provided as ordered. A random sample of 5 residents are being reviewed weekly for 30 days; then monthly for 6 months. This audit includes a visual observation to see that the resident was administered the supplement and that the supplement was documented accurately. The interdisciplinary nutrition at risk (NAR) committee will assist in monitoring during weekly NAR meetings. Results of all audits will be provided to the facility's Quality Assurance Committee monthly for additional recommendations if necessary.	

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A nurse's note entered by LPN #7 for Resident #35, dated 5/10/11 at 1:50 P.M., indicated the following: The resident has been refusing her Med Pass. No other reference was available in Resident #35's record she had been refusing her Med Pass supplement.

Resident #35's Medication and Treatment Record indicated she had consumed 100% of her Med Pass except twice, since the Med Pass was ordered on 4/15/11.

An interview with Resident #35 on 5/11/11 at 1:50 P.M., indicated she liked the supplements provided to her but was unsure what Med Pass was.

A physician order for Resident #35, dated 5/11/11 at 5:00 P.M., indicated the following: Restart Med Pass 90 ml T.I.D. Document percentage consumed on the medication and treatment record.

A nurse's note for Resident #35, dated 5/11/11 at 5:00 P.M., indicated the following: Resident with new order to restart Med Pass 90 ml T.I.D. per Nurse Practitioner. Resident acceptant of vanilla Med Pass at this time. Will document accurate consumption of Med Pass on medication and treatment record.

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	An interview with the Assistant Director of Nursing (ADON) on 5/12/11 at 10:40 A.M., indicated she trialed Resident #35 the previous evening and Resident #35 was accepting of the Vanilla Med Pass. The ADON indicated per documentation, Resident #35 had consumed 100% of her Med Pass, except twice, since ordered on 4/15/11. The ADON indicated LPN #7 had signed off Resident #35's Med Pass seven times since it was ordered and 5 of those times indicated Resident #35 consumed 100%. The other 2 times indicated 0% and 50%. 3.1-50(a)(2)			

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F9999	State Findings 3.1-14 PERSONNEL (t) A physical examination shall be required for each employee of a facility within one (1) month prior to employment. The examination shall include a tuberculin skin test, using the Mantoux method (5 TU PPD), administered by persons having documentation of training from a department-approved course of instruction in intradermal tuberculin skin testing, reading, and recording unless a previously positive reaction can be documented. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered. The tuberculin skin test must be read prior to the employee starting work. The facility must assure the following: (1) At the time of employment, or within one (1) month prior to employment, and at least annually thereafter, employees and nonpaid personnel of facilities shall be screened for tuberculosis. For health care workers who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the	F9999	**F9999 3.1-14 PERSONNEL** It is the practice of Sugar Creek Rehabilitation Convalescent Center to ensure that facility personnel receive a physical examination within 1 month prior to employment. The examination includes a tuberculin skin test administered by persons having documentation of training from a department approved course of instruction in intradermal tuberculin skin testing reading and recording unless a previous positive reaction can be documented. The result is recorded in millimeters of induration with date given, date read, and by whom administered. The tuberculin skin test is read prior to the employee starting work. At the time of employment or within 1 month prior to employment and at least annually thereafter employees and nonpaid personnel are screened for tuberculosis. For health care workers who have not had a documented negative tuberculin skin test during the preceding 12 months, the baseline tuberculin skin testing employs the two step method. If the first step is negative a second test is performed 1-3 weeks after the first step.	05/27/2011

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	baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed one (1) to three (3) weeks after the first step. The frequency of repeat testing will depend on the risk of infection with tuberculosis. This state rule was not met as evidenced by: Based on record review and interview, the facility failed to assure the personnel files for 3 of 7 current employees included verification of the results of the second step in a two-step tuberculin skin test (CNA #3, CNA #6, and LPN #5) and failed to assure the personnel files for 2 of 7 current employees included verification of the results of the first and second step in a two-step tuberculin skin test (CNA #1 and CNA #4). Findings include: During a review of 7 employee files provided by the Administrator on 5/9/11 at 11:52 AM, the verification of a second step in a two-step tuberculin skin test could not be found in the files for CNA #3, CNA #6, and LPN #5. Verification could not be found for step one or two in a two-step tuberculin skin test for CNA #1 and CNA #4.		I. LPN #5 and CNA #4 are no longer employed at the facility. CNA's #1, #3, and #6 had a chest xray completed during survey which found no active disease. They have also been given their tuberculin skin test. II. New employee files have been audited to ensure tuberculin skin testing has been completed. III. The facility has a policy regarding tuberculin skin testing. The policy has been reviewed and found to be complete. Department managers have been re-educated on this policy. In addition, a tickler file has been completed to allow for improved tracking of administration and results of new employee tuberculin skin testing. IV. The Human Resources Director or her designee is completing ongoing quality improvement audits of new employee files. This audit includes the administration and results of the first step tuberculin skin test and the second step when applicable. Results of all audits will be provided to the facility's Quality Assurance Committee monthly for additional recommendations if necessary.	

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	The employee files indicated CNA #6 started working on 3/7/11. CNA #3 started working on 11/17/10. LPN #5 started working on 3/22/11. CNA #1 started working on 3/22/11. CNA #4 started working on 2/21/11. During interview with the Administrator on 5/12/11 at 10:50 AM, the Administrator indicated that staff remember having the test done and read, but some of the results were not recorded. 3.1-14(t)(1)			